



# LOS ANGELES COUNTY COMMISSION ON HIV

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## STANDARDS OF CARE COMMITTEE MEETING MINUTES

July 1, 2010

**Approved**  
**8/5/2010**

MEMBERS PRESENT	MEMBERS PRESENT, CONT.	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Angélica Palmeros, <i>Co-Chair</i>	Carlos Vega-Matos	Aaron Fox	None	Jane Nachazel
Fariba Younai, <i>Co-Chair</i>		Jason Wise		Glenda Pinney
Mark Davis				Craig Vincent-Jones
David Giugni	<b>MEMBERS ABSENT</b>			
Louis Guitron	Robert Butler			
Terry Goddard	Jenny O'Malley			
Brad Land	Jennifer Sayles (leave)			

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards of Care Committee Agenda, 7/1/2010
- 2) **Minutes:** Standards of Care Committee Meeting Minutes, 6/3/2010
- 3) **Memorandum:** Medical Outpatient Provider Survey for Evaluation of Service Effectiveness (ESE), 6/28/2010
- 4) **Memorandum:** Oral Health Provider Survey for Evaluation of Service Effectiveness (ESE), 6/28/2010
- 5) **Table:** Commission Publication Topics, 6/15/2010
- 6) **Policy/Procedure:** HIV Continuum of Care Grievance Process, 6/30/2010
- 7) **Policy/Procedure:** Standards of Care Policies and Procedures, Comments by Vincent-Jones, 6/10/2010
- 8) **Policy/Procedure:** Standards of Care Policies and Procedures, Comments by Vega-Matos, 6/11/2010

1. **CALL TO ORDER:** Dr. Younai called the meeting to order at 10:30 am.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve the 6/3/2010 Standards of Care Committee meeting minutes, as presented (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:**
  - Mr. Vincent-Jones reported seven workshop and two poster abstracts had been submitted for the All Grantees meeting. The two posters were accepted so far. He has heard that workshops on Financial Modeling and Medical Care Coordination (MCC) had also been accepted, but it had not been confirmed.
  - USCA accepted a poster on Service Effectiveness a workshop on Decision-Making Techniques.
  - Of 11 abstracts the Commission submitted to the two meetings, 9 were generated by the SOC Committee.
  - Mr. Vega-Matos reported that an OAPP poster on a logic model for MCC has also been accepted for All Grantees.

## Standards of Care Committee Meeting Minutes

July 1, 2010

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### 8. STANDARDS OF CARE:

- A. **Residential, Transitional Services:** Mr. Vincent-Jones was to meet with Phil Meyer later in the day on completion of work to combine this standard with Residential, Permanent. It should be ready for review at an upcoming Committee meeting.
- B. **Case Management, Housing:** Mr. Vega-Matos continues to work on materials.

### 9. EVALUATION OF SERVICE EFFECTIVENESS (ESE):

- Mr. Vincent-Jones noted the Medical Outpatient (MO) and Oral Health (OH) provider surveys in the packet. The surveys will especially help with development of best practices information not available from other sources.
- All contracted MO and OH providers should complete the surveys. They can be done electronically.
- The surveys could be distributed once a cover letter and list of the 23 MO and 6 OH providers are received from OAPP. He was hoping to give MO providers three weeks to return the surveys and OH providers two weeks, as that survey is shorter.
- Mr. Vincent-Jones noted both the MO and OH surveys use the same sections as discussed below:
  - ⇒ Respondent Information: Agency and contact information.
  - ⇒ Patient Census Data: This section requests real numbers that should be available from agency databases.
  - ⇒ Chart Abstraction: suggested minimum 15% sample can be used for answers compiled through chart abstraction when other data is not available. Each question allows the respondent to identify whether the answer is an estimate or actual number.
  - ⇒ Health and Patient Outcomes/Indicators: The MO survey is longer as it includes MO/Specialty, ADAP Enrollment, Local Pharmacy Programs and, where applicable, Mental Health, Psychiatry.
- Regarding ESE overall, Mr. Vincent-Jones said customer satisfaction data from LACHNA was already collected and input.
- Mr. Vega-Matos reported OAPP was finishing monitoring of community-based providers and starting County providers. Data entry has begun. It is anticipated outcome data will be available at about the same time as survey data.
- ⇒ Collaborate with OAPP to request information from the State Office of AIDS on the ongoing ADAP audit.
- ⇒ Agreed to ask providers to identify the 12-month period from which their data is drawn.

### 10. STANDARDS REVIEW POLICIES:

#### A. Standards of Care Policy and Procedures:

- The Committee reviewed Mr. Vincent-Jones' comments and agreed to the following revisions:
  - ⇒ Page 2, Bullet 5, Continuum of Care: Add paragraph with quoted revision that all funded Continuum of Care service categories have a Standard of Care, but a service definition may be used for those services that are not currently funded, "have not been funded in the past" or are not considered eligible services by current funding sources.
  - ⇒ Page 3, Bullet 4, Monitoring for Standards Compliance: Revise paragraph to reflect that OAPP will submit RFP service descriptions, not contracts, for Commission review in comparison to existing standards.
  - ⇒ Page 3, Item 1, Continuum of Care: Add paragraph on procedure to complement added policy bullet on Page 2.
  - ⇒ Page 4, Item 4, Expert Review Panels (ERPs): Grammatical revisions as well as previously agreed additions of gender under diversity and an OAPP representative.
  - ⇒ Page 4, Item 5: Add paragraph to memorialize process for selecting ERP participants. Revise Sentence 1 to read, "... recommendations for selection of Expert Review Panelists..."
  - ⇒ Page 5, Item 9: Add paragraph to provide a formal, written waiver exempting a current standard practice from minimum expectations until the next standard update in situations such as evolution of current practice not deemed urgent enough by the SOC Committee for immediate revision, new expectations that require time to implement or inadequate resources that make meeting the expectation unfeasible. Provide waiver to OAPP and attach to standard.
  - ⇒ Page 6, Item 11, b and c: Revise to identify that "Staff" are "Commission staff."
  - ⇒ Page 6, Bullet 2: Add Continuum of Care definition. Revise Sentence 1 to read, "...the framework that diagrams..."
  - ⇒ Page 7, Bullets 6, 7, 8 and 12: Add Service Category, Service Description, Service Definition and Waiver definitions respectively.
- Mr. Vega-Matos said he, Kyle Baker, Michael Green and Mary Orticke each reviewed the document individually and then comments were combined. Some comments refer to tone/style while others pertain to content.
- The Committee reviewed OAPP comments and agreed to the following revisions:
  - ⇒ Page 1, Bullet 3: Change Sentence 2 to, "Between them, they are to ensure that services are procured and delivered in accordance with the standards of care."
  - ⇒ Page 1, Bullet 4: OAPP recommended deletion. The Committee chose to retain bullet, but move up to become Bullet 2 and revise to improve flow and clarify that other factors influence services such as costs.
  - ⇒ Page 1-2, Bullet 5: Revise Sentence 2 to read, "...activities to ensure consistency with the standards and minimum expectations."

- ⇒ Page 2, Bullet 1: Revise Sentence 2 to read, “The Commission may develop directives based on P&P recommendations that give...”
- ⇒ Page 2, Bullet 2: Revise Sentence 1 to reflect legislative language on responsibility for service effectiveness as well as incorporate the legislative language in the Background section.
- ⇒ Page 2, Bullet 6: Add after Sentence 2, “Other reasons will be considered by SOC on a case-by-case basis.”
- ⇒ Page 3, Bullet 1: Revise Sentence 1 to read, “...OAPP will submit service category descriptions to be included in new...” Revise Sentence 3 to read, “Any comments or feedback will be provided to the SOC Committee for consideration and resolution with OAPP.”
- ⇒ Page 3, Item 3, Expert Review Panels: Add language requiring panel members to disclose conflict of interest.
- ⇒ Page 3, Item 3, b: Revise to read, “...are service providers, administrators, academics/researchers and other subject-matter experts as well as, preferably, providers of similar non-HIV services;”
- ⇒ Page 4, Item 8, a: Revise to read, “...will forward service descriptions to be included in contract templates for services it is re-contracting to the SOC Committee for review and analysis;”
- ⇒ Page 5, Item 8, b: Revise to read, “Within 30 days of receipt of the service descriptions, Commission staff will perform an initial analysis and forward any inconsistencies or other comments to the SOC Committee;”
- ⇒ Page 5, Item 8, c: Revise to read, “Commission staff will provide a report to the SOC Committee and OAPP outlining its recommendations for approval or modifications to the proposed service descriptions to be included in the service contracts;
- ⇒ Page 5, Item 8, d: Revise to read, “Report recommendations will be discussed and resolved by SOC members and OAPP at the first SOC meeting following submission of the report.”
- ⇒ Page 5, Item 9: Revise to read, “...for review of service descriptions to be included in RFP/solicitation templates.”
- Mr. Vega-Matos reported OAPP is developing a contract timeline. The process will start in September for FY 21 and 22 so contracts are in place by contract year start on March 1<sup>st</sup>. Service description review should fit within the timeline.
- ➡ Incorporate revisions and present to July Commission meeting for approval.

#### **11. GRIEVANCE POLICY AND PROCEDURES:**

- Mr. Vincent-Jones presented a new draft for review. The HRSA Project Officer said the earlier draft was too comprehensive. It had outlined all grievance processes regardless of whether the Commission or OAPP was responsible.
- He felt it remained important to define grievances and non-grievance complaints to provide direction for those with issues. Detail is provided on the Commission’s process. Arbitration information will be drawn from a previous document.
- Mr. Vincent-Jones noted currently the Commission sends a letter to OAPP advising it of grievances received at the Commission that should be under OAPP’s purview, but he would prefer a more defined process. Mr. Vega-Matos replied the subject is under Ms. Orticke, but consumers should call the Grievance Line and the Commission should advise the Director of Quality Management.
- Mr. Vega-Matos added that OAPP has begun hand delivery of Grievance Line posters in English and Spanish to all funded facilities. Instructions for posting are detailed and signature is required for receipt. Distribution is beginning with SPA 1.
- Mr. Vincent-Jones said the Commission will do a poster on “Patients’ and Providers’ Bill of Rights and Responsibilities” as part of the Quality and Productivity grant. This can complement the Grievance Line poster and be posted adjacent.
- ➡ Add bullet on grievances against non-Ryan White service systems.
- ➡ Add table of grievance and non-grievance complaint types showing responsibility for each. Insert table between “Grievance Types” and “Commission Grievance Authority.”
- ➡ Correct “Patients’ Bill of Rights” to full document title of “Patients’ and Providers’ Bill of Rights and Responsibilities.”
- ➡ Mr. Vega-Matos will speak with Ms. Orticke about the possibility of developing a form for the Commission and OAPP to use in reporting to grievances to each other. He will follow-up with Mr. Vincent-Jones.
- ➡ OAPP will send a Grievance Line poster to the Commission offices.
- ➡ OAPP will post the “Patients’ and Providers’ Bill of Rights and Responsibilities” at funded facilities once it is available.
- ➡ Mr. Vincent-Jones will finalize the Policy/Procedure and e-mail it for Work Group review. Work Group members are: Ms. Palmeros and Dr. Younai, SOC Committee Co-Chairs; Dr. Davis; Ms. Orticke and Mr. Vega-Matos, OAPP; and Mr. Vincent-Jones.

#### **12. MEDICAL CARE COORDINATION (MCC):**

##### **A. Transitional Advisory Group (TAG) Report:**

- Mr. Vega-Matos noted on-going service development, assessment/screening tool and benchmark/indicator work.

- OAPP had an internal meeting 6/30/2010 with SOC on language refinements to address inconsistencies, e.g., the MCC Standard discusses Benefits Specialty, which also has a separate Standard. Recommendations will go to the TAG for discussion and then come to the full SOC Committee with TAG recommendations.
- TAG has developed single assessment, acuity and screening tools for all services. It was first thought separate tools for services might be required legally, e.g., regarding authorization to take various types of information. Issues are being addressed, e.g., some providers use the same person as clinic nurse and nurse case manager, others do not and at others all work flows through social workers to nurses. Having both a screening and assessment tool allows flexibility.
- Mr. Vincent-Jones noted SOC sought to maintain broad staff definitions to ensure there were no problems for different clinic configurations wherever possible. The MCC Standard can be revised if there are unnecessary distinctions.
- TAG has done global performance benchmarks for assessment and case conferencing. They are being refined for acuity.
- Mr. Vega-Matos said CaseWatch data is being used to estimate how many people will need full MCC services, e.g., via data on diagnosis, CD4, receipt of non-Ryan White versus Ryan White services and public versus private insurance.
- Mr. Vincent-Jones said the Financial Modeling estimate indicated up to 25% of people in the system did not use Ryan White-funded Medical Outpatient. That raised the concern that people were receiving psychosocial, but not medical, services and supported MCC development. Mr. Vega-Matos felt the number is likely about 20% now based on insurance data. He added OAPP has been working on weeding out the practice of agencies who open cases for things such as bus passes.
- Mr. Vega-Matos added that work on implementation includes how to prioritize those in greatest need. It will also include MCC training for administrators and for nurses and social workers.
- He reported the Data Management RFP has gone out to the CIO for final approval.

**13. ACTIVITY UPDATES:**

**A. Standards Publication:**

- Mr. Vincent-Jones hoped to finish editing in August. There is, however, a delay in editing because agreed standards revisions have not been incorporated yet. Work has been prioritized.
- Dr. Younai reported there are also six publication topics related to standards that have been identified for development, e.g., the MCC model has not been used for any other condition except diabetes. Standards inherently reflect needs of local jurisdictions, but such topics can provide valuable insight for the field as a whole. A list of topics was in the packet.
- Mr. Vincent-Jones said the Joint Public Policy (JPP) Committee will work to broaden the use of Commission Standards of Care before the 2014 Medi-Cal shift to managed care. There are discussions with other systems. Ms. Palmeros noted growing interest in the “Expanded Chronic Care Model” which has similarities to MCC, e.g., a medical home.
- Mr. Vega-Matos said the State will determine much about how clients migrate to managed care. It is likely to move many consumers outside the Ryan White system, presenting challenges to the Commission in ensuring the application of standards of care for people outside the Ryan White system.
- Dr. Younai suggested advertising both within and outside the Ryan White system, e.g., with meetings and publications.
- ➡ Refer to JPP development of legislation to require adoption of local health jurisdiction standards.

**B. Special Population Guidelines:** This item was postponed.

**C. Standards of Care Revisions:** There was no additional discussion.

**14. COMMITTEE WORKPLAN:** This item was postponed.

**15. AETC REPORT:** This item was postponed.

**16. NEXT STEPS:** There was no additional discussion.

**17. ANNOUNCEMENTS:** There were no announcements.

**18. ADJOURNMENT:** The meeting was adjourned at 12:15 pm.